Effective October 1, 2000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OF			OTHER THAN R SMALL ENTITY	
TOTAL CLAIMS			15					RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		·	BASIC FEE	355.00	OR	Basic Fee	710.00
TOTAL CHARGEABLE CLAIMS			ゴマ minus 20=		12			X\$ 9=	115-	OR	X\$18=	
INDEPENDENT CLAIMS			7-minus 3 =		• <u>-</u> -j			X40=	11:0	OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=	135	OR	+270=	
* If the difference in column 1 is less than zero, enter					"0" in c	olumn 2		TOTAL	158	OR	TOTAL	
CLAIMS AS AMENDED - PART II										1	OTHER	THAN
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 3	Minus	• •	32_	5		X\$ 9=		OR	X\$18=	
	Independent	-	Minus	··· ·	7	=		X40 <b>⇒</b>		OR	X80=	
L	FIRST PRESE	NTATION OF MI	ULTIPLE DE	PENUENI	CLAIM		'	+135≖		OR	+270=	
	$\mathcal{A}$							TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE	
3	/25/06(Column 1) (Column 2) (Column 3)							ADUII. FEE			AUDII. PEEI	
AMENDMENT B		CLAIMS REMAINING		HIGH NUM	EST	PRESENT EXTRA			ADDI-	1		ADDI-
		AFTER AMENDMENT		PREVIO PAID	DUSLY			RATE	TIONAL FEE		RATE	TIONAL
	Total	. 3	Minus	: B	2	±		X\$ 9=		OR	X\$18=	
	Independent	. /	Minus	•••	/	=		X40=		OR	X80≈	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT C				CLAIM		1	+135=		OB	+270=	
•							L	TOTAL			TOTAL	
								DOIT. FEE		JON ,	ADDIT. FEE	
	THE.	(Column 1) CLAIMS		(Colun		(Column 3)	1 -		4001			1001
AMENDMENT C		REMAINING AFTER		NUME PREVIO	USLY	PRESENT EXTRA		RATE:	ADDI- TIONAL		RATE	ADDI- TIONAL
		AMENDMENT		PAID	FOR		I		FEE			FEE
	Total		Minus Minus	••		_	1	X\$ 9=		OR	X\$18=	
₩ W	Ind pendent	NTATION OF MU		ENDENT	CLAIM			X40=		OR	X80=	
								+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT FEE												
••••	f the "Highest Nur	noer Previously Pa noer Previously Pa her Previously Pai	id For IN THIS	S SPACE is	less that	n 3, enter "3."		DDIT. FEE	propriete box	•	ADDIT. FEE	

Application or Docket Number